ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Sept. 14, 2020 Case Number: 21-22

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Danielle Simons
Premise Name: Desert Ark Veterinary Hospital
Premise Address: 4865 W Indian School Rd
City: Avondale State: AZ Zip Code: 85392
Telephone: 623-877-1588

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Karlee Goodhardy
Address: [redacted]
City: [redacted] State: [redacted] Zip Code: [redacted]
Home Telephone: N/A Cell Telephone: [redacted]

(I requested his medical records and was denied)

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

C. **PATIENT INFORMATION (1):**

Name: Nash

Breed/Species: Yorkshire Terrier / dog

Age: 10 Sex: Male Color: Black / Brown

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. **VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

Danielle Simons – 10865 W Indian School Rd
Avondale, AZ 85392
623-877-1088

E. **WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Emmanouil Emmanouilidis – [redacted]

Jennifer Foy – [redacted]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Karla Goldbaum

Date: 9/11/20

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I was aware Nash had a heart murmur for 6 months. I monitored him and had noticed his coughing had gotten worse so we went for his annual exam on August 17th. I was advised by Dr. Simons that his heart had gotten a little worse, his kidneys were 75% compromised, he had kidney stones that moved into his bladder and that she believed he had Cushing's disease. She said she was mostly worried about the kidney stones. She did bloodwork to confirm Cushings and did an X-ray that day. She had me schedule urine test so we returned the 18th then had me schedule an ultrasound with Dr. Foy for the 20th. Dr. Foy also believed Nash had Cushing's disease and suggested I first do the surgery to remove the stones in his bladder. I expressed my concerns because of his heart and kidneys. Both Dr. Foy and Simons were adament the stones were of most concern because they could move into his urethra and could prevent him from urinating. I called them back that night to schedule his surgery and it was scheduled for the 21st. I was told the surgery went well however on the 23rd Nash began throwing up a lot and had

Continued...

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

not eaten much. I took him to an emergency hospital but it was very busy and after 4 hours we went back home. Nash continued throwing up every 40 minutes up until 7am the 24th when we got to the vet. Dr. Simon told me Nash herniated and needed another surgery. She said due to Cushing's (still wasn't confirmed he had it. She wanted additional bloodwork to confirm it which we never did) his skin was very thin and she had a difficult time packing him up so he herniated. She told me to make sure she does the repair correctly she would be on the phone with a surgeon (unknown name) the whole time so the repair works. Nash wasn't eating so giving his meds was difficult so I called and spoke with Dr. Emmanouilidis who was very smart and kind. Suggested I bring him in if he still hadn't eaten by the 26th. Nash drank water but never ate again. Dr. Emmanouilidis told me after bloodwork that Nash was in kidney failure and the best thing for him was to be put down. My fear is she was not qualified and used my dog as something to practice on.

October 1, 2020

Arizona State Veterinary Medical Examining Board

1740 West Adams Street

Phoenix, Arizona 85007

Re: 21-22 (Danielle Simons)

To Whom It May Concern:

The following is my chronological narrative in the above-referenced matter. **8-17-2020 – Annual Exam**

Nash presented for annual wellness and vaccines. Ms. Goodbody was concerned that Nash was out of breath more than usual and had been experience exercise intolerance. Ms. Goodbody also said Nash coughed but no more than he had a year ago when the Heart murmur was diagnosed. There was a murmur noted one the left side and was a grade 3/6. Nash was also noted to have a distended abdomen. Radiographs were taken and a bloodwork panel was sent to Idexx. On radiographic exam, the thorax showed an enlarged heart as well as an overall increased opacity throughout his lung fields. On abdominal radiographs Nash had an enlarged liver, stones were noticed within his bladder, there was also calcification noted in his kidneys. I advised Ms. Goodbody that I was concerned Nash may have Cushing's based on his clinical signs and radiographsI also advised Ms. Goodbody that we should start Nash on heart medications. I gave a written script for Adequan, Nexgard, furosemide, and enalapril. He was given a poor-guarded prognosis pending bloodwork.

8-18-2020 – Discussion: Lab Results

I called Ms. Goodbody to go over bloodwork. Chemistry panel revealed an azotemia and elevated SDMA. I advised Ms. Goodbody to bring in Nash for a urinalysis to confirm kidney disease vs a post or pre-renal cause. Urinalysis revealed a low specific gravity. Advised Ms. Goodbody next step due to multiple issues was an ultrasound with a specialist. I advised her that she could go to Vetmed for a cardio and internal medicine consult or if unable we had a visiting ultrasound service that is mobile, we use. Ms. Goodbody opted for the mobile ultrasound with Dr Foy.

8-20-2020 – Day off [not present]

Nash had an appointment with Dr Foy for an ultrasound. According to the SOAP notes from Dr Griggs and Dr Foy, Nash was seen to have a large liver, large adrenal glands, and stones within his kidneys that were not causing a blockage. Stones were also noted in the bladder near the trigone and Dr Foy was concerned for them to be at a risk for causing a blockage. Dr Foy also stated due to their rough appearance she was concerned for calcium oxalates which would not respond to a dissolution diet. Next steps per Dr Foy was a cystotomy and a low dose dexamethasone suppression test.

8-21-2020 – Surgery Day

I rounded with Dr. Lauren Griggs about Nash presenting for Cystotomy. At that time, I was informed by Dr. Griggs that she and Dr. Foy had been in discussion about this case [yesterday] and that it was highly

recommended by Dr. Foy, to perform Cystotomy due to the suspicion that said stones were risk of blocking to the urethra as they were suspected to be non-dissolvable.

Upon presentation for a Cystotomy:

Pre-surgical exam was performed and Nash had a cough on tracheal palpation but otherwise lungs were with in normal limits. Heart auscultation revealed a 3/6 murmur. Abdomen was distended but non painful. Nash had an IV catheter placed and was premedicated with Midazolam, butorphanol, and atropine. A 5 French catheter was placed into the bladder to prevent the stones from falling into the urethra. An incision was made on midline just cranial to the prepuce and extended along the right side of the prepuce. The bladder was then isolated and stay sutures were placed using 3-0 PDS. An incision was made on the ventral wall of the bladder. The stones we unable to be visualized or palpated digitally so the catheter was flushed with saline to remove the calculi. The calculi were saved for analysis. The bladder wall was closed in 2 layers using 3-0 PDS using a cushing pattern. A leak check was performed. The body wall was closed using 2-0 PDS in a continuous pattern. The subcutaneous layer was closed with the same method. The skin was closed using staples.

8-22-2020 – Discussion with Ms. Goodbody

Ms. Goodbody called concerned Nash had blood in his urine. Explained that was normal 3-5 days post op and if he was unable to urinate to let us know immediately. Ms. Goodbody also stated Nash had not eaten. I informed Ms. Goodbody that it can be normal following surgery but, if he had not eaten by 2pm to give us a call back and we could give him an injection to get him to eat.

8-24-2020 – Post Operative Concerns [Vomiting]

Nash presented and Ms. Goodbody stated Nash had been vomiting for the last 24 hours. On examination Nash had a 4/6 systolic murmur. He was quiet, alert, responsive, mucous membranes were pink and CRT was less than 2 seconds. There was bruising around his incision and a small hernia was at the caudal edge of the incision. A radiograph was taken and the bladder appeared to be with in normal limits, no signs of fluid in abdomen, calcification still noted in kidneys, and a small defect seen on abdominal wall. I then Advised Ms. Goodbody that Nash needed a surgical repair of his hernia. I advised her it was not known if the hernia was caused by his vomiting or his vomiting was cause by the hernia. I also advised Ms. Goodbody that I was going to call a board-certified surgeon to consult to see if there was a better way to close Nash than what was done the first time as his suspected Cushing's made his abdominal wall extremely thin. I contacted Dr Brian Sidaway vis telephone. We discussed Nash's case. It was determined that using prolene was the best option to use as mesh and other means usually cause more issue.

I contacted Nash's owner prior to surgery to go over the consult. A Total protein and PCV was performed prior to surgery and both were found to be with in normal limits. The surgical area was cleaned and the staples were removed from the skin. Mayo scissors were used to remove the subcutaneous layer of suture. Once removed an open area in the abdominal was crania noted about 2cm in length. Pictures were taken and sent to Dr sideway to confirm no changes needed to be made to the original plan. Adhesions to the body wall were broken down with gentle traction and a small amount of friable muscle was trimmed away with scissors. A small exploratory was performed and confirmed the bladder was healing well. There was also not strangulation of the intestines or omentum. Metzenbaum

scissors were used to clean away all fat from the body wall on each side and 2-0 prolene was used in a simple interrupted pattern to close the body wall. The subcutaneous layer was closed with 2-0 Monocryl in a simple continuous pattern. An intradermal pattern using 2-0 Monocryl was placed. Then a layer of cruciates was placed in the skin to aid in closure and it was secured with glue. Ms. Goodbbody was advised to ice pack the incision twice daily and continue meloxicam and cefpodoxime. Nash was sent home with cerenia and enroflaxacin.

8-25-2020 – Post Surgical Call

Ms. Goodbody was called for a post-op follow up. Stated Nash had not eaten but was enjoying his ice packing. We advised Ms. Goodbody to call after 5pm to give us another update.

8-26-2020 - Day Off [not present]

Nash presented on emergency to Dr Emmanouilidis. SOAP states pet had not eaten since surgery and the owner was force feeding him. A CBC/CHEM10/lytes were performed in hospital. Nash had a very mild neutrophilia on CBC. Chemistry panel revealed that his kidney values had sharply increased. Nash was a hyponatremia and hypochloremia. His glucose was mildly elevated. Owner declined hospitalization IV fluids and elected Humane Euthanasia.

With regard to the owner's claim that the practice failed to provide a copy of the subject medical records, we did receive a request for records and offered to timely e-mail them to the owner. In response, she indicated that she wanted to pickup hard copies of the records from the practice. Once they were available for her, staff called the owner to tell her they were available and instead of picking them up, she filed this Complaint.

Finally, I sympathize with the owner for her loss but deny that I used her dog "as something to practice on". All the veterinary care I provided was medically appropriate and complied with the applicable standard of care.

Signed: _____ Date: 10 - 2 - 2020

Dr. Danielle Simons

DOUGLAS A. DUCEY
- GOVERNOR -

VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM - ***Absent***
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-22
Complainant(s): Karlee Goodbody
Respondent(s): Danielle Simons, DVM (License: 7223)

SUMMARY:
Complaint Received at Board Office: 9/14/20
Committee Discussion: 2/2/21
Board IIR: 3/17/21

APPLICABLE STATUTES AND RULES:
Laws as Amended August 2018 (Lime Green); Rules as Revised September 2013 (Yellow)

On August 17, 2020, "Nash," a 10-year-old male Yorkshire Terrier was presented to Respondent for an annual wellness exam and vaccines. Complainant expressed concern the dog had been out of breath more than usual and had exercise intolerance. Radiographs revealed an enlarged heart, enlarged liver, calcification in the kidneys, and bladder stones. Respondent suspected Cushing's disease; blood was collected and the dog was discharged with medications.

Blood results revealed azotemia and an elevated SDMA. An ultrasound was performed and revealed a large liver, large adrenal glands, and stones within the kidneys and bladder. Cystotomy and low dose dex suppression test should be considered.

On August 21, 2020, Respondent performed a cystotomy on the dog. The next day, Complainant reported the dog was not eating.

On August 24, 2020, the dog was presented to Respondent for vomiting. Respondent noted bruising and a small hernia at the incision site. Surgery was performed to repair the hernia and the dog was discharged later that day.

On August 26, 2020, the dog was presented to Respondent's associate due to not eating. Blood work was performed, and revealed that the kidney values had increased.

Complainant declined hospitalization and elected to humanely euthanize the dog.

Complainant was noticed and appeared telephonically.
Respondent was noticed and appeared telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Karlee Goodbody*
- Respondent(s) narrative/medical record: *Danielle Simons, DVM*
- Consulting Veterinarian(s) narrative/medical records: *Jennifer Foy, DVM*

PROPOSED 'FINDINGS of FACT':

1. On August 17, 2020, the dog was presented to Respondent for a wellness exam and vaccines. Upon exam, the dog had a weight = 11.75 pounds, a temperature = 101.7 degrees, a heart rate = 130bpm and a respiration rate = 50rpm. According to Respondent, Complainant reported that the dog was out of breath more than usual and had been experiencing exercise intolerance. She further reported that the dog coughed but no more than a year ago when the heart murmur was diagnosed. Respondent stated that there was a grade 3/6 murmur present on the left side. The dog also had a distended abdomen.

2. Radiographs were performed and revealed an enlarged heart, increased opacity throughout the lung fields, enlarged liver, stones in the urinary bladder, and calcification in the kidneys. Respondent advised Complainant that she was concerned the dog had Cushing's based on the clinical findings and radiographs. She recommended starting the dog on heart medications and gave the dog a poor-guarded prognosis pending blood work. The dog was discharged with Adequan, Nexgard, furosemide and enalapril.

3. Blood abnormalities:

BUN	*43*	*9 – 31*
CREAT	*1.6*	*0.5 – 1.5*
SDMA	*17*	

4. On August 18, 2020, Respondent went over the blood work results with Complainant. She asked Complainant to bring the dog in for urinalysis to confirm kidney disease vs a post or pre-renal cause.

5. Complainant brought the dog in to be seen by Respondent and collect a urine sample. Urinalysis revealed a low specific gravity; Respondent recommended an ultrasound with a specialist due to the dog's multiple issues. Complainant agreed and chose to have the ultrasound performed by mobile ultrasonographer, Dr. Foy.

6. On August 20, 2020, the dog was presented to Respondent's associate, Dr. Griggs, for the ultrasound to be performed by Dr. Foy. Dr. Foy performed the abdominal ultrasound which supported Cushing's disease; based on her findings, she recommended screening for the disease and initiating therapy. Additionally, uroliths were present and recommended considering cystotomy, with stone analysis, due to concern for possible obstruction in the future.

Dr. Foy was suspicious the stones were calcium oxalate based on the texture. Respondent was not at the premises this day.

7. On August 21, 2020, Respondent examined the dog; weight = 11.63 pounds, temperature = 102.7 degrees, heart rate = 160bpm, respiration rate = 50rpm; heart murmur grade 3/6. An IV catheter was placed and the dog was started on Plasmalyte fluids. The dog was pre-medicated with midazolam, atropine and butorphanol – induced with propofol – and maintained on isoflurane and oxygen. The cystotomy was performed and the stones were saved for analysis. The dog recovered uneventfully and was administered meloxicam and cerenia. Meloxicam and cephalexin were prescribed to go home with the dog.

8. On August 22, 2020, Complainant called to report that the dog had blood in his urine and he had not eaten. Respondent explained that it was normal 3 – 5 days after surgery to have bloody urine. She also stated that if the dog did not eat that afternoon, to bring him in for an appetite stimulant injection.

9. On August 23, 2020, Complainant stated that the dog had not eaten much and began to vomit therefore she took the dog to an emergency facility. She waited four hours and still had not been seen so she took the dog home. The dog continued to vomit throughout the night.

10. On August 24, 2020, the dog was presented to Respondent due to vomiting. Upon exam, the dog had a weight = 11.2 pounds, a temperature = 99.5 degrees, a heart rate = 130bpm, a respiration rate = 24rpm; grade 4/6 heart murmur. Respondent noted bruising around the incision and a small hernia at the caudal edge of the incision. Radiographs revealed that the bladder appeared to be within normal limits, no signs of fluid in the abdomen, calcification in the kidneys, and a small defect seen on the abdominal wall. Respondent explained to Complainant that she did not know if the hernia was caused by the vomiting or the vomiting was caused by the hernia; either way, the dog needed a surgical repair of the hernia.

11. Due to the dog's suspected Cushing's disease, his abdominal wall was extremely thin, therefore, Respondent consulted with a boarded surgeon to see if there was a better way to close the dog's abdomen. Dr. Sidaway was consulted and he recommended using prolene to use as a mesh when closing the dog's abdomen.

12. The dog was prepped for surgery and once the subcutaneous layer of suture was removed, pictures were taken and send to Dr. Sidaway for review. Respondent removed the adhesions and a small amount of friable muscle was trimmed away. The bladder was confirmed to be healing well and there was no strangulation of the intestines or omentum. The abdomen was closed with 2-0 prolene. Complainant was advised to ice pack the incision twice daily, continue with meloxicam and cefpodoxime, and the dog was discharged with cerenia and enroflaxacin.

13. The following day, Complainant reported that the dog was not eating but was enjoying the ice packing.

14. On August 26, 2020, the dog was presented to Respondent's associate, Dr. Emmanouilidis, due to anorexia since the surgery; Complainant was force feeding the dog. Blood work was performed and revealed severe azotemia (BUN – 130). Dr. Emmanouilidis's rule outs were

chronic injury secondary to suspected hypertension from Cushing's disease and cardiac disease. Acute injury from NSAID administration could not be ruled-out nor secondary to recent surgery, but less likely. Hospitalization was discussed and Complainant elected to humanely euthanize the dog due to quality of life issues.

15. Complainant stated on her complaint that she requested a copy of the dog's medical record but was denied. Respondent stated that when Complainant requested a copy of the medical records, they offered to email them to her. Complainant wanted to pick up a hard copy from the practice. Once available, premises staff called Complainant to notify her that they were ready and instead of picking up the medical records, Complainant filed the complaint, according to Respondent.

COMMITTEE DISCUSSION:

The Committee discussed that the ultrasound report stated that a cystotomy should be considered due to concerns, it also pointed out the kidney disease. Even though the surgery was scheduled, Respondent could have called the ultrasonographer to advise the dog had other issues and ask if surgery was warranted. Respondent performed the surgery properly, however she had questions, but did not ask or follow up with her concerns with performing the surgery.

The Committee had concerns with the second surgery. The dog had kidney disease, was presented for vomiting and no blood work was performed. Knowing what the complications could be, no imaging was conducted to determine if it was a strangulated hernia or if it simply was a break in the abdominal wall. It could have changed what was done; the surgery could have been delayed and another form of treatment could have been used to address the situation.

The Committee discussed that it was hard to determine if Respondent had concerns about the surgery at the moment before surgery was performed, or was it after the fact now that there were complications and looked more closely at the situation.

The treating veterinarian is the one that needs to look at the case in front of them – physical exams, history, diagnostic tests – to determine if a surgery should be done, on that pet, on that day. Just because the dog was on the surgery schedule does not mean that Respondent had to perform the surgery. Respondent should have expressed her concerns prior to putting the animal under anesthesia. It was fine for her to question the specialist.

Some Committee members expressed concerns with how the premises, as a whole, was functioning. Additionally, the medical records were not released timely to the pet owner.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (11) Gross negligence; treatment of a patient or practice of veterinary medicine resulting in injury, unnecessary suffering or death that was caused by carelessness, negligence or the disregard of established principles or practices. Respondent had concerns prior to the surgery that were not followed up; blood work was not considered prior to the second surgery despite the dog vomiting for the previous 12 – 14 hours, and having a history of renal disease.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

DOUGLAS A. DUCEY
GOVERNOR

VICTORIA WHITMORE
EXECUTIVE DIRECTOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
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CERTIFIED MAIL
9489009000276155131237

May 25, 2021

Danielle Simons, DVM
ADDRESS ON FILE

LETTER OF CONCERN – 21-22 - In Re: Danielle Simons, DVM

Dear Dr. Simons:

At its meeting on April 21, 2021, the Arizona State Veterinary Medical Examining Board considered information presented in the complaint case filed by Karlee Goodbody regarding her pet "Nash" Goodbody.

In each case, the Board considers the situation and the professional's response, as well as all relevant information. In this matter, after review and discussion, the Board voted to issue you a Letter of Concern pursuant to A.R.S. § 32-2234(D). This Letter of Concern is regarding the issue of failure to perform diagnostics on the dog prior to the second surgery.

A Letter of Concern is defined in A.R.S. § 32-2201(12) as "...an advisory letter to notify a veterinarian that, while there is insufficient evidence to support disciplinary action about certain aspects of the case, the Board believes the veterinarian should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the Board may result in action against the veterinarian's license."

We hope you will take this advisory letter in the spirit that it is intended to avoid any other potential violations in the future.

Respectfully,
FOR THE BOARD

V. Whitmore

Victoria Whitmore
Executive Director

cc: Karlee Goodbody
David Stoll, Esq.

DOUGLAS. A DUCEY
GOVERNOR

VICTORIA WHITMORE
EXECUTIVE DIRECTOR

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IN ACCORDANCE WITH § A.R.S. 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the April 21 2021 meeting of the Arizona State Veterinary Medical Examining Board, the Board conducted an Informal Interview in Case 21-22, Danielle Simons, DVM.

The Board considered the Investigative Committee Findings of Fact, Conclusions of Law, and Recommended Disposition:

- *ARS § 32-2232 (11) Gross negligence; treatment of a patient or practice of veterinary medicine resulting in injury, unnecessary suffering or death that was caused by carelessness, negligence or the disregard of established principles or practices. Respondent had concerns prior to the surgery that were not followed up; blood work was not considered prior to the second surgery despite the dog vomiting for the previous 12 – 14 hours, and having a history of renal disease.*

Following the informal interview with Respondent, the Board did not feel this incident rose to the level of a violation and voted to issue Respondent a Letter of Concern with respect to not performing diagnostics on the dog prior to the second surgery.

Respectfully submitted this 19TH day of May, 2021.

Arizona State Veterinary Medical Examining Board

Jim Loughead, Chair